

4970

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		8 days		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 McCready Hospital				Main St., Ext.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) ELIZABETH		(Middle) BEATRICE		(Last) HANDY		(Date) May 6, 19 55	
(Type or Print)							
5. SEX:		6. COLOR OR RACE:		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		8. DATE OF BIRTH:	
female		colored		married		Nov. 28, 1934	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
laborer		Seafood Industry		Crisfield, Md.		USA	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Mervin Christy				Mabel White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.):		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
no		220-28-4566		Mervin Christy—Main St., Ext.—Crisfield, Md.			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
355X Immediate cause				2 day	
(a) Cerebral Hemorrhage -					
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				(b) 2 wk	
(c)					
11. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:				19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY ?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
		OF INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?	
		m.			
22. I hereby certify that I attended the deceased from Sept. 24, 1955, to May 6, 1955, that I last saw the deceased alive on May 6, 1955 and that death occurred at 10:00 P.M., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		DATE SIGNED	
S. M. Peyton		M.D.		5/7/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
burial		May 9, 1955		Lawsonia Cemetery	
				Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR	
5/9/55		Betty W. Tyler		ADDRESS	
				Bradshaw & Sons-531 Main St.-Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1955
BUREAU V. S.

4971

CERTIFICATE OF DEATH

Reg. Dist. No. 04973 265

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield		LENGTH OF STAY (in this place) lifetime		CITY (If outside corporate limits, write RURAL and give nearest town) 39 Crisfield			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mariners Section				STREET ADDRESS (If rural give location) Mariners Section			
3. NAME OF DECEASED: (First) CORNELIA (Middle) FRANCES (Last) McCREADY				4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1955			
5. SEX: female		6. COLOR OR RACE: white		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed		8. DATE OF BIRTH: Sept. 28, 1868	
9. AGE last birthday: 86 yrs.		10. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: housewife		11. BIRTHPLACE (State or foreign country): Crisfield, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: William Rayfield				14. MOTHER'S MAIDEN NAME: Isadore Ward			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no		16. SOCIAL SECURITY No.: ---		17. INFORMANT & ADDRESS: Mariners Section Mrs. Len Sterling-- Crisfield, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						Interval Between Onset And Death	
422.1 Immediate cause (a) Asymia Acute Dil of Heart						2 wks	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocarditis Chronic Int nephritis						years	
(c) General Arteriosclerosis						years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: 0				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE		HOMICIDE		INJURY			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 19, 54 , to May 14, 1955 , that I last saw the deceased alive on May 23, 1955 , and that death occurred at 6:20 a.m. , from the causes and on the date stated above.							
SIGNATURE George C. Coulton M.D. (Degree or title)				ADDRESS Emerson Sta. Ind. DATE SIGNED 5-25-55			
23. BURIAL, CREMATION, REMOVAL (Specify) burial		DATE THEREOF May 26, 1955		NAME OF CEMETERY OR CREMATORY Sunnyridge Cemetery		LOCATION (City, town, or county) (State) Crisfield, Md. 5-25-55	
DATE REC'D BY LOCAL REGISTRAR 5-25-55		REGISTRAR'S SIGNATURE Nellie D. Payne		24. FUNERAL DIRECTOR Bradshaw & Sons--531 Main St.--Crisfield, Md. ADDRESS			

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RECEIVED

MAY 21 1955

BUREAU W. S.

4972

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Somerset</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Somerset</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X TOWN <u>Marion Station</u>				STREET ADDRESS (If rural give location)		1	
HOSPITAL OR INSTITUTION OR STREET ADDRESS							
3. NAME OF DECEASED: (Type or Print)				4. DATE (Month) (Day) (Year)			
First (Type or Print) <u>Louise</u> (Middle) <u>E.</u> (Last) <u>Whittington</u>				OF DEATH: <u>May 13 1955</u>			
5. SEX: <u>Fe.</u>	6. COLOR OR RACE: <u>Col.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH: <u>Sept. 19, 1885</u>	9. AGE last birthday: <u>69</u> yrs.	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cannery Factory</u>		10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): <u>Marion Sta., Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME: <u>Jeffrey Whittington Hayman</u>				14. MOTHER'S MAIDEN NAME: <u>Louise (R.) Ballard</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk) <u>no.</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS: <u>Mary Whittington, Marion Sta., Md.</u>			
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE				(A) <u>acute Dil. of heart - anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
ANTECEDENT CAUSE (S)				(B) <u>chronic myocarditis - chronic Dil</u>		<u>years</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				(C) <u>Nephritis</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: <u>0</u>				19B. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED White <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 3, 1955</u> , to <u>May 13, 1955</u> , that I last saw the deceased alive on <u>May 10, 1955</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Lucy C. Guelhorn M.D.</u>		ADDRESS <u>Marion Sta., Md.</u>		DATE SIGNED <u>5-14-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 16, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Waters Chapel</u>		LOCATION (City, town, or county) (State) <u>Marion Sta., Md. Som. Co. Md.</u>	
DATE REC'D BY LOCAL REGISTRAR <u>May 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Nellie W. Payne</u>		24. FUNERAL DIRECTOR <u>Charles H. Ward - Marion Sta., Md.</u>		ADDRESS <u>Box 235.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED MAY 15 1965
BUREAU OF THE ARMY
ATTENTION: THE DIRECTOR

(S)

BUREAU W. S.

MAY 15 1965

RECEIVED